

**DURHAM CITY/COUNTY INSPECTION DEPARTMENT****BUILDING PERMIT APPLICATION**

101 City Hall Plaza, Durham NC, 27701

Phone: (919) 560-4144

FAX: (919) 560-4484

www.durhamnc.gov

**JOB ADDRESS** _____

ADDRESS DESCRIPTION (LOT, UNIT) _____

JOB DESCRIPTION _____

CONTRACTOR: _____

Email _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TEL. NO. _____

ARCHITECT: _____

Email _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TEL. NO. _____

JOB COSTS**General Cost:** _____ \$***Electrical Work:** ()yes ()no _____ Cost: \$*** *Plumbing Work:** ()yes ()no _____ Cost: \$***Mechanical Work:** ()yes ()no _____ Cost: \$**Other Work:** ()yes ()no _____ Cost: \$**TOTAL PROJECT** \$**PROPERTY OWNER:** _____

Email _____

TEL. NO. _____

Is any existing or proposed structure on this property currently serviced or to be serviced by a well or septic tank? ()Yes ()No

If "Yes", contact Environmental Health at 560-7800 for their approval.

TYPE PAYMENT: ()CASH ()CHECK ()CC ()CHG ACCT.**JURISDICTION:** ()CITY ()COUNTY**CONTR. ACCT. NO:** _____**STATE CONTR. LIC. NO:** _____**OWNER OR AUTHORIZED AGENT OF THE OWNER**

PRINT NAME

SIGNATURE

DATE

Applications which are not completed to "ISSUED" status within 6 months will expire.

*A separate application and permit is required for each trade.

* If using a residential sprinkler system, check here YES ()

The owner or authorized agent of the owner that signs this application is responsible for determining whether sewer, water, gas, and other utilities are available for this site. Also, all easements and restrictions must be shown on the plot plan. Where applicable, allowable impervious coverage must be verified by a certified survey at the completion of all site work. The applicant must adhere to all codes and ordinances. By signing this application, the applicant assumes all responsibility for these items. If there are any questions concerning these issues please contact the Public Works Department for assistance.

-----FOR OFFICE USE ONLY-----

No. Baths _____	No. Units _____	Fuel Type _____	Sq. Ft. Land _____	Type Occupancy: _____
Bedrooms _____	Basement _____	Type Const. _____	Sq. Ft. Floor _____	Type Application: _____
Rooms _____	HC Units _____	Type Roof _____	No. Park Sp. _____	
Stories _____	Sprinkler _____		No. HC Park Sp. _____	PIN NO. -- -- --

Zoning _____	Slab.....() Y/N	PubOwned.....() Y/N	Non-TaxProp....() Y/N	SB.....() Y/N
Census Trt. _____	DTA.....() Y/N	Landscaping.....() Y/N	SewerBasin.....	CWS.....() Y/N
Census Code _____	Erosion.....() Y/N	SitePlan.....() Y/N	FloodPlain.....() Y/N	MTC.....() Y/N
BOA.....	Deptins.....() Y/N	DeptFacServ.....() Y/N	WellPermit.....() Y/N	HD.....
ImprPermit.....() Y/N	HealthDept.....() Y/N	PlanStatus.....	FireDist.....() Y/N	AO.....() Y/N

SETBACK F: _____ LS: _____ RS: _____ R: _____ HT: _____

MOBILE HOME EXPIRATION DATE: _____

BUILDING PERMIT FEE

IMPACT FEE () Y/N

HOMEOWNERS RECOVERY FUND () Y/N

APPROVED FOR ISSUANCE

DATE

NIS Approval required for all Minimum Housing Permits

DATE